

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

Page 1 of 5

Report Date: <b>05-08-19</b>		Bureau/Station/Facility: <b>East Los Angeles Station</b>		Admin. Invest? <input type="checkbox"/>		Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>							
URN: <b>016-08468-0250-013</b>				Date: <b>06-11-16</b>		Time: <b>1430</b>	
City or Station: <b>Maywood</b>				Nature of Incident: <b>Deputies responded to the location regarding a family disturbance call. The suspect armed himself with a makeshift spear when a shooting occurred.</b>			
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: _____				Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights		Weather (circle only one): <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain	
Total # of Shots Fired by Deputy <b>4</b>		Total # of Shots Fired by Suspect <b>0</b>		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: _____		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit	
				Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input type="checkbox"/> Routine Patrol		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
<b>Employee Witnesses</b>							
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
	<b>Alatorre</b>	<b>Jaime</b>	<b>NMI</b>				
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		
	<b>Cuevas</b>	<b>Jose</b>	<b>A.</b>				
<b>Non-Employee Witnesses</b>							
Last Name		First Name		M.I.			
Street Address		City		Zip		Work Ph. Home Ph.	
Last Name		First Name		M.I.			
Street Address		City		Zip		Work Ph. Home Ph.	
Last Name		First Name		M.I.			
Street Address		City		Zip		Work Ph. Home Ph.	
<b>Supervisors</b>							
Employee #	Last Name	First Name	M.I.	(check one or more):			
	<b>Moreno</b>	<b>Dianne</b>	<b>NMI</b>	<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting			
Employee #	Last Name	First Name	M.I.	(check one or more):			
	<b>Parks</b>	<b>Frank</b>	<b>E.</b>	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting			
<b>Watch Sergeant</b>							
Employee #	Last Name	First Name	M.I.				
	<b>Flores</b>	<b>Joel</b>	<b>NMI</b>				
<b>Watch Commander</b>							
Employee #	Last Name	First Name	M.I.				
	<b>Salinas</b>	<b>Alejandro</b>	<b>NMI</b>				

**PSTD Use Only**

SH #

**2405395**

# SUPPLEMENTAL EMPLOYEE WITNESSES

## Los Angeles County Sheriff's Department

Page 2 of 5

Employee Witnesses				
Last Name	Gonzalez	First Name	Daniel	M.I.
				D.
Street Address	East Los Angeles Station	Zip Code	Work Ph (323) 264-4151	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

# Officer Involved Shooting Involved Employee Information

URN: 016-08468-0250-013

Page 3 of 5

Involved Employee									
<b>E 1</b>	Employee #	Last Name	Chinarian	First Name	Eric	M.I.	NMI		
Sex: <b>M</b>	Race: <b>W</b>	Rank: <b>DSG</b>	Unit Assignment: <b>East Los Angeles Station</b>	Work Assignment (Unit #, Module, etc.): <b>Unit 28</b>					
ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting: <b>5.5 - 6 hours</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age: <b>5'08"</b>		Height: <b>185</b>		Weight: <b>185</b>					
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>		# Shots: <b>4</b>		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
<b>E</b>	Employee #	Last Name		First Name		M.I.			
Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age:		Height:		Weight:					
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
<b>E</b>	Employee #	Last Name		First Name		M.I.			
Sex:	Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):					
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age:		Height:		Weight:					
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			

# Officer Involved Shooting Suspect Information

URN: 016-08468-0250-013

Page 4 of 5

Suspect Information																
S 1	Last Name			Duran			First Name			Jesus			M.I.		A.	
	AKA Last Name						First Name						M.I.			
	Sex: M		Race: H		Street Address			City			State			Zip		
	Work Phone: Unknown			Home Phone:			Social Security #			Driver's License #						
	Age: 31		D.O.B.: 05-10-85		Height: 5'11"		Weight: 148		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input checked="" type="checkbox"/>			Substance Used: Methamphetamine						
	Armed? <input checked="" type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input checked="" type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole: No		Probation: No		Prior Felony Conviction: No					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					

Rollout Information					
Arrival Date	06-11-16	Arrival Time	1720	Date Submitted	05-08-19
Date of Recommendation					
Employee #		Last Name	Maldonado	First Name	Albert
					M.I. M.
Employee #		Last Name	Hamil	First Name	Jeffrey
					M.I. F.
Employee #		Last Name	Valle	First Name	Paul
					M.I. S.
Shooting / Force Information					

## Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(OK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sling Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

## Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IH)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

## Brand

<b>Brand</b>		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Martin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Itasca	(RI)	RGJ		

**Caliber**

9	9 mm	(24)	.243 caliber	(41)	.410 gauge
10	10 mm	(25)	.25 caliber	(44)	.44 caliber
12	12 gauge	(30)	.308 caliber	(45)	.45 caliber
20	20 gauge	(35)	.357 caliber	(50)	50 mm
21	.22-250	(36)	30-80 caliber	(SL)	Slug
22	22 caliber	(38)	.38 caliber	(WW)	Other caliber
23	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)[illegible]



# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

Page 1 of 4

### Incident Information

URN: 016 - 08468 - 0250 - 013		Date: 06-11-16	Time: 1430
Location:	Corona Avenue	City or Station:	Maywood
Bureau/Station/Facility:	East Los Angeles Station	Admin. Investigation:	<input type="radio"/> YES <input checked="" type="radio"/> NO
Type of Force:	Taser and Firearm		
Incident Category:	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3	Deputy Injury:	<input type="radio"/> YES <input checked="" type="radio"/> NO
Suspect Injury:		<input checked="" type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	Person Notified:	Lt. Maldonado
Emp:		IAB Roll Out:	<input checked="" type="radio"/> YES <input type="radio"/> NO

### Involved Employee

<b>E1</b>	Emp #	Last Name	Chinarian		First Name	Eric		Middle I.	Rank
								NMI	DSG
	Sex:	<input checked="" type="radio"/> M <input type="radio"/> F	Race:	W	Height:	5'08"	Weight:	185	Age:
					Shift:	<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):				
	East Los Angeles Station				Unit 28				
	Individual Force Used:				Firearm				Individual Category
					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist				<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted				Facility:				Coroner Case #

<b>E2</b>	Emp #	Last Name	[REDACTED]		First Name	[REDACTED]		Middle I.	Rank
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:	[REDACTED]	Height:	5'10"	Weight:	175	Age:
					Shift:	<input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):				
	East Los Angeles Station				[REDACTED]				
	Individual Force Used:				Taser				Individual Category
					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist				<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted				Facility:				Coroner Case #

<b>E</b>	Employee #	Last Name	[REDACTED]		First Name	[REDACTED]		Middle I.	Rank
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:	[REDACTED]	Height:	[REDACTED]	Weight:	[REDACTED]	Age:
					Shift:	<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
	Unit of Assignment:				Work Assignment (Unit #, Module, etc.):				
	Individual Force Used:								Individual Category
					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist				<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted				Facility:				Coroner Case #

### On Duty Supervisor

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
	Moreno	Dianne	NMI	SGT	YES <input checked="" type="radio"/> NO <input type="radio"/>	YES <input checked="" type="radio"/> NO <input type="radio"/>
Supervisor Completing Investigation						
Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
	Valle	Paul	S.	SGT	YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>
Watch Commander / Supervising Lieutenant						
Emp #	Last Name	First Name	Middle I.	Rank		
	Salinas	Alejandro	NMI	LT		

Watch Commander / Supervising Lieutenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Unit Commander (Print Name): \_\_\_\_\_ Unit Commander's Signature: \_\_\_\_\_ Emp #: \_\_\_\_\_ Date: \_\_\_\_\_

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit  
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

2484331

**Supervisor's Report on Use of Force**  
**SUSPECT INFORMATION**

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 2 of 4

**Suspect Information**

<b>S</b> <u>1</u>	Last Name		First Name		Middle Name		Armed? Select		
	Duran		Jesus		A.		Other Weapon: Edged		
AKA Last Name		First Name		Middle Name					
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female		Race: H	Age: 31	Height: 5'11"	Weight: 148	D.O.B: 05-10-85	Phone #1: <input checked="" type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C N/A	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code: 245(a)(1) PC		Secondary Charge Code:		Criminal History			
Treated on Scene? <input checked="" type="radio"/> YES <input type="radio"/> NO		Name: LACo Fire Department		Unit: Engine 163		Phone #: 323-560-1571			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: St. Francis Med. Ctr.		Coroner Case #: 16-04316		Mental History <input checked="" type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By:		Address: 3630 East Imperial Hwy, Lynwood		Phone #: 310-900-8900					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input checked="" type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

**Suspect Information**

<b>S</b> _____	Last Name		First Name		Middle Name		Armed? Select		
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female		Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

**Suspect Information**

<b>S</b> _____	Last Name		First Name		Middle Name		Armed? Select		
AKA Last Name		First Name		Middle Name					
Sex: <input type="radio"/> Male <input type="radio"/> Female		Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>			
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

# Supervisor's Report on Use of Force

## EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 3 of 4

Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Alatorre	Jaime	NMI		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
East Los Angeles Station		Unit 28		<input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
	Cuevas	Jose	A.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
East Los Angeles Station		Unit 26		<input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

☐ Additional Witness



0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3